FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 91011 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008142

1. Entity Name
SAVVY ON THE AVE, INC.

55043485

Principal Place of Business	Mailing Address
501 ANDREWS AVE. DELRAY BEACH, FL 33483	501 ANDREWS AVE. DELRAY BEACH, FL 33483

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
900 E. Atlantic Ave		900 E. Atlantic Ave.	
Suite, Apt. #, etc.: #13		Suite, Apt. #, etc.: #13	
City & State: Delray Beach, FLA		City & State: Delray Beach, Fl	
Zip: 33483	Country: USA	Zip: 33483	Country: USA

4. FEI Number: 75-2972804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVANA, CAVANAUGH 601 ANDREWS AVE. DELRAY BEACH, FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVANA, CAVANAUGH 601 ANDREWS AVE. DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silvana Cavanaugh 900 E. Atlantic Ave #13 Delray Beach, Fl 33483	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVANA, CAVANAUGH 501 ANDREWS AVE. DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Silvana Cavanaugh 900 E. Atlantic Ave #13 Delray Beach, Fl 33483	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-23-03 561 274-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #